

PO3000043565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

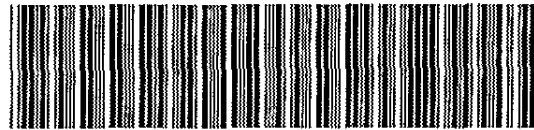
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A GAL'n A MOP INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MICHELLE CSONT
Name (Printed or typed)

265 114TH AVE N #6
Address

SAINT PETERSBURG, FLORIDA 33716
City, State & Zip

(727) 438-1223
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

A GAL'n A MOP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

265 114TH AVE N #6
SAINT PETERSBURG, FLORIDA 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE BUSINESS WITHIN THE GUIDLINES OF FEDERAL & STATE LAWS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MICHELLE CSONT PRESIDENT
265 114TH AVE N #6
SAINT PETERSBURG, FLORIDA 33716

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SANDI TRAVLOS
6287 106TH AVE N
PINELLAS PARK, FLORIDA 33782

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELLE CSONT
265 114TH AVE N #6
SAINT PETERSBURG, FLORIDA 33716

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

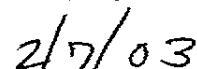


Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date

02-07-03

Date